

APPLICATION FOR REAL ESTATE TAX RELIEF

CITY OF LYNCHBURG, VIRGINIA

Commissioner of the Revenue

City Hall

LYNCHBURG, VIRGINIA 24504

Name and property address as it appears on tax bill

For Office Use Only

Name: _____

Tax Year

Property

Number _____

Property Address: _____

Property

Value _____

City: _____ State: _____ Zip Code: _____

Gross

Income \$ _____

Net

Worth \$ _____

Property Owner: _____

Last Name

First

Middle

Birth Date: _____ Social Security No. _____ Phone: _____

Mo.

Day

Yr.

Spouse: _____

Last Name

First

Middle

Birth Date: _____ Social Security No. _____ Phone: _____

Mo.

Day

Yr.

Mailing Address if it is different from the residence address:

Street No.

Street

City

State

Zip Code

Read Requirements for Exemption on Page 4.

The information required on this application must be filled out in its entirety and returned to the Commissioner of the Revenue, City Hall, Lynchburg, Virginia 24504-1674. Applications must be filed by May 1, of the taxable year for which the exemption is applied. Spaces on the application that are not applicable to the taxpayer should be completed as "Not Applicable" or "\$0.00" as indicated by the question. Questions that cannot be answered within the spaces provided may be answered by attaching additional sheets to this application. **This exemption is granted on an annual basis and a new application must be filed each year.** All information on the application is confidential and not open to public inspection. For additional information, please phone 847-1305.

Property Description: (Refer to your Tax Bill)

Property Address: _____

Map Reference Number: _____ Section _____ Block _____ Lot _____

Size of Lot: _____ Assessed Value _____ Tax _____

1. Is this residence occupied by the applicant as the sole dwelling? Yes ☐ No ☐

2. Is the applicant? Owner ☐ Partial Owner ☐ _____ %

If partial ownership, explain how the ownership is legally held and the portion owned by the applicant.

3. The person claiming the exemption must on December 31 immediately preceding the taxable year, have held title to the property for which the exemption is claimed.

4. List the names, relation, ages and social security numbers of all persons related to the applicant who occupy the above residence.

Name	Relation	Age	Social Security Number
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Please complete this gross income statement for the preceding calendar year. Included in this statement should be the total gross income from all sources of the applicant and spouse and all persons related to the applicant living in the above residence.

GROSS INCOME	Applicant	Spouse	Relatives living in residence
Gross Earnings	\$	\$	\$
Pensions			
Social Security			
Interest			
Dividends			
Rent(s) (Net)			
Welfare			
Gifts			
Capital Gains			
Other Sources			
Deduct, Income to \$4,000 of each Relative Living in Residence			(-)
Total	\$	\$	\$

Total Combined Gross Income of the Applicant, Spouse and Relatives \$ _____

Please complete this statement of net financial worth as of December 31 of the preceding year. Net financial worth is computed by the owner of the home for which exemption is claimed and shall exclude the fair market value of the home and not over one acre of land upon which the home is situated.

NET VALUE OF ASSETS	Applicant	Spouse
Real Estate (other than home)		
Money in Certificates, Savings and others		
Checking Account(s)		
Stocks		
Bonds		
Insurance (Cash Value)		
Other Assets		
Total		

Total Combined Net Financial
Worth of the Applicant and Spouse \$ _____

CERTIFICATE

I certify, under the penalties provided by law, that this application for Real Estate Tax Relief, including any accompanying schedules or statements, to the best of my knowledge and belief is true, correct and complete.

Date

Applicant's Signature

Date

Approved

CITY OF LYNCHBURG, VIRGINIA

Real Estate Relief

Requirements of Exemption

1. The title of the property for which exemption is claimed is held, or partially held, on July 1 of the taxable year, by the person or persons claiming exemption.
2. The person claiming the exemption must on June 30 immediately preceding the taxable year, have held title to the property for which the exemption is claimed.
3. The head of the household occupying the dwelling and owning title, or partial title thereto, is sixty-five years or older or permanently and totally disabled on December 31 of year immediately preceding the taxable year. Such dwelling must be occupied as the sole dwelling of the person or person(s) claiming exemption. If such person is permanently and totally disabled such form shall have attached thereto a certification by the Social Security Administration, or if such person is not eligible for Social Security, a sworn affidavit by two medical doctors to the effect that such person is permanently and totally disabled.
4. The gross combined income of the owner during the year immediately preceding the taxable year shall be determined by the Commissioner of the Revenue to be an amount not to exceed \$27,000. Gross combined income shall include all income from all sources of the owner and of the owner's relatives living in the dwelling for which exemption is claimed, except that the first \$4,000 of income of each such relative other than the spouse be exempt.
5. The net combined financial worth of the owner as of December 31 of the year immediately preceding the taxable year shall be determined by the Commissioner of the Revenue to be an amount not to exceed \$60,000. Net financial worth shall exclude the fair market value of the dwelling and the land, not exceeding one acre, upon which it is situated for which exemption is claimed.
6. The person or persons to whom an exemption has been issued shall, on or before November 15, January 15, March 15, and May 15 of the tax year for which such exemption is issued, present that portion of the exemption applicable to each such one-fourth tax payment, together with full payment of the difference between the applicable portion and the one-fourth tax then due. Such payment shall be presented to the City Collector on or before the date prescribed for such tax payment. Payments not paid by such prescribed dates shall make the exemption null and void.
7. Taxpayers must file annually on forms to be made available by the City of Lynchburg. These forms must be returned to the Commissioner of the Revenue by May 1. These forms will be mailed to those who qualified last year without request. Others may acquire forms from the Commissioner of the Revenue's office by calling, writing or requesting in person.

Telephone 847-1305
Commissioner of the Revenue
City Hall
Lynchburg, Virginia 24504-1674

NOTE: Any person or persons falsely claiming an exemption shall be guilty of a misdemeanor and upon conviction thereof shall be punished as provided in Section 36-175 of the City Tax Code.